

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023234

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Register's District No.

Primary Registration District No.

Registrar's No.

FILED JUN 21 1962

2777

VS 300  
Rev. 4/59

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26004  
X

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9201X

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1276-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>NORTH KANSAS CITY</b>	
Length of stay in 1b <b>81 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>4508 E. 46th Street</b>	
3. NAME OF DECEASED (Type or print) First <b>MELVIN</b> Middle <b>TROY</b> Last <b>MC GRERY</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>21</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-21-31</b>
9. AGE (last birthday) <b>30 31</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CENTRAL Bag Co.</b>	
11. BIRTHPLACE (City and state or country) <b>Edgar Springs, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Alfred McGrery</b>		13b. MOTHER'S MAIDEN NAME <b>Eunice Ellifrits</b>	
14. NAME OF HUSBAND OR WIFE <b>Mildred McGrery</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES PL28</b>	
16. SOCIAL SECURITY NO. <b>PL28</b>		17. INFORMANT <b>VA HOSPITAL OFFICIAL RECORDS, K. C. MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HODGKIN'S DISEASE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. attended the deceased from <b>1-31-62</b> to <b>5-21-61</b>		Death occurred at <b>2:15 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>T.J. Fritzlen M.D.</b>		22b. ADDRESS <b>VA Hospital, K. C. Mo.</b>	
22c. DATE SIGNED <b>5-22-62</b>		22d. LOCATION (City, town, or county) (State) <b>GLADSTONE, MO.</b>	
23a. BURIAL, CREATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 24-1962</b>	23c. NAME OF CEMETERY OR CREMATOR <b>WHITE CHAPEL Cem</b>	23d. DATE RECD. BY LOCAL REG. <b>5-23-62</b>
24. FUNERAL DIRECTOR <b>DW. NEWCOMERS SONS - KANSAS CITY</b>		25. REGISTRAR'S SIGNATURE <b>Ruth N Long</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John H. Kalsbeek*

Licensed Embalmer No.

*4949*

P. O. Address

*Mo Kansas City 16, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.